



CITY OF LUCAS FIRE-RESCUE
VOLUNTEER EMERGENCY RESPONDER
OPPORTUNITY



CLOSING DATE: MAY 2, 2016, 5:00PM

Lucas Fire-Rescue is providing volunteer emergency responder opportunities. If interested, please review and complete the City of Lucas Fire-Rescue volunteer emergency responder expectations and application. The completed forms along with copies of any relevant certifications can be emailed, faxed, mailed, or hand delivered to the City of Lucas Fire-Rescue administration office.

If you have any questions about the department or the application process, please feel free to contact the City of Lucas Fire-Rescue or visit the City of Lucas website www.lucastexas.us.

City of Lucas Fire-Rescue
165 Country Club Road
Lucas, Texas 75002
Phone: 972-727-1242
Fax: 972-727-8317
Email: lbwest@lucastexas.us



CITY OF LUCAS FIRE-RESCUE
VOLUNTEER EMERGENCY RESPONDER
EXPECTATIONS



These are the expectations of all volunteer emergency responders for the City of Lucas Fire-Rescue.

- All volunteers must pass a background investigation and drug test.
- All volunteers must be at least 18 years of age.
- All volunteers must have a valid high school diploma or GED.
- All new volunteers must either have an interior structural firefighting certificate or be an EMT-Basic or be an EMT-Paramedic.
- All volunteers shall agree to the following:
 1. Obtain a Class B Driver's License.
 2. Successfully complete City of Lucas Fire-Rescue EVOC Training.
 3. Checked off to operate Squads and Ambulances.
 4. Successfully complete medical skill list.
 5. Successfully complete fire skill list.
 6. Shall attend all scheduled department fire training, emergency medical services continuing education training, and computer-based training.
- All volunteers shall agree to volunteer for at least 48 shift hours a month.
- All volunteers shall agree to attend a minimum of 60 training hours annually; including monthly department training and monthly emergency medical services continuing education training, and complete computer-based training as soon as possible after they are released. All training must be documented.
- All volunteers shall agree to attend at least one live fire training per year.
- All volunteers shall agree to sign up for shifts on the department calendar. Once you sign up for a shift, it is your responsibility to be at that shift. If you are unable to be at that shift, it is your responsibility to find a replacement and notify the shift officer at least 24 hours in advance of that shift. If an emergency arises, notify the shift officer immediately.
- The City of Lucas Fire-Rescue name and logo shall not be displayed in any manner unbecoming of the department.
- All issued gear and uniforms are property of the City of Lucas Fire-Rescue. If you leave the department, you must return all gear and uniforms.
- Disciplinary measures will follow the City of Lucas Personnel Policy. A copy of the City of Lucas Personnel Policies and Administrative Procedures Manual and the Lucas Fire-Rescue SOG Manual is available to all responders and is located in the Fire-Rescue Ops/Watch room.

Failure to meet the volunteer expectations as stated above will result in the volunteer being placed on an ineligible list. By signing this, the Volunteer agrees with and understands the expectations listed above.

Volunteer's Printed Name

Volunteer's Signature

Date



CITY OF LUCAS FIRE-RESCUE
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APPLICATION



INSTRUCTIONS:

Fill in (type) application completely.

Do not leave questions blank. If questions are not applicable, enter "NA".

If space is insufficient, attachments are acceptable.

Print out and sign completed form.

NAME: _____
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER: _____

E-MAIL ADDRESS: _____

PHONE:

(Home) _____

(Cell) _____

(Work) _____

CURRENT ADDRESS:

Street _____

City/State/Zip _____

DRIVER'S LICENSE: _____
(Class) (Number) (State)

ARE YOU AT LEAST 18 YEARS OF AGE? _____ No _____ Yes

WHAT SHIFTS ARE YOU AVAILABLE TO VOLUNTEER?

	YES	NO	COMMENTS
DAY: 7am-7pm			
NIGHT: 7pm-7am			
WEEKDAY			
WEEKEND			
OTHER			

EMERGENCY CONTACT:

Relationship: _____

Name: _____

Address: _____

Phone: _____

(Home)

(Cell)

(Work)

EMPLOYMENT:

Current: _____

Address _____

Phone: _____

Previous: _____

Address: _____

Phone: _____

(If Less Than 2 Years at Current)

EDUCATION - TRAINING - EXPERIENCE:

Type of School: _____

Name: _____

Location: _____

Dates of Attendance - From: _____ To: _____

Diploma/Degree/Certificate/License: _____

CERTIFICATIONS:

	YES	NO	DATE EXPIRES	LEVEL/COMMENTS
DSHS				
TCFP				
SFFMA				
CPR				
OTHER				
OTHER				

EXPERIENCE:

List any previous fire service or EMS experience.

Dates From:

To:

Location/Entity:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SKILLS - QUALIFICATIONS:

List any skills you have that might benefit the City of Lucas Fire-Rescue. (Ex: auto mechanic, computer, construction trades, foreign language skills, etc.)

HAVE YOU EVER BEEN CONVICTED, CURRENTLY CHARGED, AWAITING TRIAL, OR ON PROBATION FOR ANY CRIMINAL OFFENSE?

_____No _____Yes If you answered yes, please explain:

LIST TRAFFIC TICKETS: (In the Last 3 Years)

REFERENCES:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

ATTACHMENTS:

Attach photocopies of any state license to practice emergency (or other) medical care, firefighter certification documentation or other licenses, and certifications or training records that may relate to emergency services.

PLEASE READ THE FOLLOWING STATEMENTS AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with this application for volunteer, or attachments, is true and complete, and that I understand that any misstatement, falsification, or omission of information may be grounds for rejection of the applicant or volunteer termination.

2. I understand that the City of Lucas Fire-Rescue or their agents may check with the Texas Department of Public Safety or other law enforcement agencies to verify driving or other records in accordance with applicable statutes.

3. I authorize any persons or organizations referenced in this application to give you all information concerning my previous or current employment, education, or other information they might have, personal or otherwise, with regard to the subjects covered by this application, and release all such parties from all liability of any damages that may result from furnishing such information to you.

SIGNATURE: _____

(Name)

(Date)